

VEHICLE USE AGREEMENT

I (*print name*) _____ being age 18 or older, understand and agree that my use of the State of Maine vehicle assigned to me for the dates from _____ to _____ (maximum one year) shall be exclusively for the fulfillment of the State of Maine business that I have been engaged for. I understand and agree that I am not to use the vehicle for any other reason what so ever (human life threatening medical emergencies excepted). I agree to operate this vehicle in a safe, prudent and lawful manner at all times. Seat belts shall be worn by all vehicle occupants when the vehicle is in motion. I will not permit any other person to operate the vehicle while it is in my control unless such use is made part of this agreement. I will not drive this vehicle out of the State of Maine. I do truthfully state that I have a valid, non-conditional driver's license and that my privilege to drive is not currently under suspension. I grant permission to the State to verify my license information and motor vehicle driving record and willingly offer the following license information:

Date of Birth _____ License Number & State _____

One of the following MUST be checked:

☐ (1) I do truthfully state that in the past five years: my license has not been suspended, I have not been convicted of any alcohol related driving violations, nor have I been convicted of any unsafe motor vehicle operations including but not limited to speeding, improper passing, failure to yield right of way, or stop sign violations.

☐ (2) I do truthfully state that in the past five years I have been convicted of the following motor vehicle violations (please list):

Type of violation: _____	Date: _____
Type of violation: _____	Date: _____
Type of violation: _____	Date: _____

If box #2 is checked, Risk Management Division reserves the right of final approval and the vehicle may NOT be operated by this driver until approved by Risk Management Division.

I UNDERSTAND THAT ANY MATERIAL FALSE STATEMENT OR USE OF THE VEHICLE NOT PERMITTED BY THIS AGREEMENT WILL REQUIRE ME TO ASSUME THE FULL LEGAL AND FINANCIAL CONSEQUENCES OF MY ACTIONS. IMPORTANT NOTICE TO DRIVER: DO NOT SIGN BELOW UNLESS YOU HAVE READ AND UNDERSTAND THIS DOCUMENT.

Driver Signature

Date Signed

Signature and Title of Authorizing State Official

Date Signed

Printed Name of Authorizing Official

Printed Department/Bureau Name

Official's Phone #

Official's Fax #

PROCESSING DIRECTIONS: When ALL of the above information is completed, immediately send or fax this form to Risk Management Division, 85 State House Station, Augusta, ME 04333-0085; Fax 287-4008. If RMD pre-approval for this driver is needed, RMD will contact you as soon as possible. If you have any questions, please call 1-800-525-1252 or 287-3351.

For Risk Management Division Use Only

☐ Approved ☐ Not Approved ☐ RMD Approval Unnecessary ☐ Approved with this restriction: _____
Department notified this date By: ☐ Fax ☐ Phone ☐ Other _____
Risk Management Signature: _____ Date: _____ Rev 5/01